Fill in this informa	tion to identify your case:	
Debtor 1	Janis Riley Allen	
Debtor 2 (Spouse, if filing)		
United States Bar	nkruptcy Court for the: NORTHERN DISTRICT OF GEORGIA	
Case number	19-50625	Check if this is:
(If known)		■ An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	rm 106 <u>l</u>	MM / DD/ YYYY
Schedule	I. Your Income	12/

scneaule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed	■ Employed□ Not employed
	employers.	Occupation	Executive Assistant	Fleet Manager
	Include part-time, seasonal, or self-employed work.	Employer's name	Orange Business Services	Black Umbrella, Inc
	Occupation may include student or homemaker, if it applies.	Employer's address	13775 McLeareb Road Oak Hill, VA 20171	300 Lake Sovereign Court Canton, GA 30114
		How long employed th	nere? 19 years	10 Months

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,929.60 4,961.67 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 4,929.60 4,961.67

Official Form 106I Schedule I: Your Income page 1

Debtor 1		Janis Riley Allen	_	C	Case number (if known)		19-50	625			
					For	Debtor 1			ebtor 2		
	Сор	y line 4 here	4.		\$	4,929.0	50	\$	iling s _l	961.67	
_	·	*			_	,					_
5.		all payroll deductions:	_		•			•			
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_	749.3		\$	1,	085.76	_
	5b.	Mandatory contributions for retirement plans	5b		\$_	0.0		\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		\$	0.0		\$		0.00	_
	5d.	Required repayments of retirement fund loans Insurance	5d		\$ \$	576.3	_	\$		0.00	_
	5e.		5e 5f.		^Ф _	647.8	_	\$		0.00	_
	5f. 5g.	Domestic support obligations Union dues			^Ф _	0.0		\$		0.00	_
	5g. 5h.	Other deductions. Specify:	5g 5h		^Ф _	0.0				0.00	_
		· · ·	_		· —		<u> </u>	· : —		0.00	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,973.0		\$		085.76	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,955.	97	\$	3,	875.91	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a		\$_	0.0	_	\$		0.00	_
	8b.	Interest and dividends	8b	١.	\$_	0.0	00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			ው		20	¢		0.00	
	0.1	settlement, and property settlement.	8c.		\$_	0.0		\$		0.00	_
	8d. 8e.	Unemployment compensation Social Security	8d 8e		\$_ \$	0.0		\$		0.00	_
	8f.	Other government assistance that you regularly receive	06		Ψ	0.0		Ψ		0.00	_
	Oi.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$	0.0	00	\$		0.00	
	8g.	Pension or retirement income	 8g	١.	\$	0.0	20	\$		0.00	
	8h.	Other monthly income. Specify:	8h	1.+	\$	0.0	- 00	⊦ \$		0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	S	0.0	00	\$		0.0	0
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		2,955.97 +	\$	3.87	75.91	= \$	6,831.88
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· –		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ľ-			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe			•			hedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines							12.	\$	6,831.88
										Combi	ned ly income
13.		you expect an increase or decrease within the year after you file this form No.	?								y moonie
		Yes. Explain:									

Official Form 106I Schedule I: Your Income page 2

						Ī		
Fill	in this informat	tion to identify yo	our case:					
Deb	otor 1	Janis Riley A	Allen			Chec	k if this is:	
						_	An amended filing	
	otor 2 ouse, if filing)						A supplement shov 13 expenses as of	ving postpetition chapter
(Spi	ouse, ii iiiiig)						is expenses as or	the following date.
Unit	ted States Bankr	uptcy Court for the	: NORTH	ERN DISTRICT OF GEO	RGIA	Ī	MM / DD / YYYY	
Cas	se number	-50625						
(If k	nown)							
0	fficial Fo	rm 106J						
		J: Your I	Exner	1989				12/1
Be info nur	as complete a ormation. If me mber (if know	and accurate as ore space is ne n). Answer ever	s possible. eded, atta ry question	. If two married people ar ich another sheet to this				or supplying correct
Par 1.	t 1: Descr Is this a join	ibe Your House	hold					
٠.	No. Go to							
			in a senar	ate household?				
	□ 103. D00		ii a sopaii	ate mousemola.				
	=	_	st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of Debt	or 2.	
0				, ,				
2.	-	e dependents?	□ No					
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents i				Granddaughte	er	6 months	■ Yes
								□ No
					Great- Niece		5	■ Yes
								□ No
					Daughter		24	■ Yes
								□ No
•	_				Niece		38	Yes
3.	expenses of	enses include people other the your depende	han $_{m \Box}$	No Yes				
exp	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	ficial Form 10						Your expe	enses
4.		r home owners d any rent for the		ses for your residence. I	nclude first mortgage	e 4. \$		819.03
	If not includ	•	-					
						4- 0		0.00
		state taxes rty, homeowner's	s or renter	's insurance		4a. \$ 4b. \$		<u> </u>
	•	•		s insurance upkeep expenses		4b. \$	-	100.00
		owner's associat				4d. \$		0.00
5.	Additional n	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

ebtor 1 Janis Riley Allen	Case number (if known)	19-50625
Utilities:		
6a. Electricity, heat, natural gas	6a. \$	425.00
6b. Water, sewer, garbage collection	6b. \$	150.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	650.00
6d. Other. Specify:	6d. \$	0.00
Food and housekeeping supplies	7. \$	800.00
Childcare and children's education costs	8. \$	320.00
Clothing, laundry, and dry cleaning	9. \$	87.00
Personal care products and services	10. \$	100.00
. Medical and dental expenses	11. \$	100.00
Transportation. Include gas, maintenance, bus or train fare.		100.00
Do not include car payments.	12. \$	500.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
Charitable contributions and religious donations	14. \$	0.00
i. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	600.00
15d. Other insurance. Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16. \$	0.00
. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: Storage	17c. \$	80.00
17d. Other. Specify: Husband's Credit Card Debt	17d. \$	300.00
 Your payments of alimony, maintenance, and support that you did not report as 		0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		
Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	
 Other real property expenses not included in lines 4 or 5 of this form or on Sche 20a. Mortgages on other property 	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
• •	· —	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
. Other: Specify:	21. +\$	0.00
. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	5,031.03
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$,
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	5,031.03
		0,001.00
Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	6,831.88
23b. Copy your monthly expenses from line 22c above.	23b\$	5,031.03
22a Cubtract your monthly avanage from your monthly income		
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	1,800.85
Do you expect an increase or decrease in your expenses within the year after your	ou file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage?		ease or decrease because of
■ No.		
☐ Yes. Explain here:		

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Fill in this information to identify your case:					
Debtor 1	Janis Riley Allen				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF GEORGIA		
Case number	19-50625				
(if known)					

Check if this is an amended filing

Official Form 106Sum

	mmary of Your Assets and Liabilities and Certain Statistical Information	1	12/15
info	as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	164,220.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	98,148.31
	1c. Copy line 63, Total of all property on Schedule A/B	\$	262,368.31
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	147,014.25
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	79,824.92
	Your total liabilities	\$	226,839.17
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,831.88
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,031.03
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	ı personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and su	ubmit this form to

the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Janis Riley Allen Case number (if known) 19-50625

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

10,736.62

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total o	claim
From Fart 4 on Schedule E/F, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	69,647.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	69,647.00

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United States Bankruptcy Court Northern District of Georgia

In re	Janis Riley Allen			19-50625	
		Debtor(s)	Chapter	13	

AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

	ad the foregoing Amendment to Schedules I and J with I that they are true and correct to the best of my knowledge,		
Date	March 22, 2019	Signature	/s/ Janis Riley Allen Janis Riley Allen Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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United States Bankruptcy Court Northern District of Georgia

In re	Janis Riley Allen			19-50625
		Debtor(s)	Chapter	13

AMENDED AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith: **Amendment to Schedules** *I* and *J* with Summary of Schedules

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

Date: March 22, 2019 /s/ Karmel Sunzette Davis

Karmel Sunzette Davis 007707

Attorney for Debtor(s)

Karmel S. Davis & Associates

P.O. Box 5736

Douglasville, GA 30154

(678) 715-0967 Fax:(678) 715-0987

courthearings2@gmail.com

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United States Bankruptcy Court Northern District of Georgia

In re	Janis Riley Allen			19-50625
		Debtor(s)	Chapter	13

CERTIFICATE OF SERVICE

I hereby certify that on <u>March</u> 22, 2019, a copy of <u>Amendment to Schedules</u> I and J with Summary of Schedules was served electronically or by regular United States mail to all interested parties, the Trustee and all creditors listed below.

Eric W. Roach□
Attorney for the Chapter 13 Trustee □
303 Peachtree Center Avenue, NE□
Suite 120□
Atlanta, GA 30303

/s/ Karmel Sunzette Davis

Karmel Sunzette Davis 007707 Karmel S. Davis & Associates P.O. Box 5736 Douglasville, GA 30154 (678) 715-0967Fax:(678) 715-0987 courthearings2@gmail.com